

TOWN OF ARLINGTON



Recreation Department

EMPLOYMENT/VOLUNTEER APPLICATION

THE TOWN OF ARLINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

☐ NEW APPLICANT

☐ RETURNING APPLICANT

DATE OF APPLICATION _____

LAST NAME _____ FIRST NAME _____

D.O.B. _____ SOCIAL SECURITY # _____

(optional- will be required upon employment)

ADDRESS _____ TOWN, STATE, ZIP _____

PHONE _____ E-MAIL ADDRESS _____

APPLYING FOR POSITION OF _____

Would you be interested in another position if the position for which you are applying is not available? _____

EDUCATION:

HIGH SCHOOL _____ YEAR OF GRADUATION _____

COLLEGE _____ YEAR OF GRADUATION _____

MAJOR _____

EXTRACURRICULAR ACTIVITIES _____

QUALIFICATIONS:

What type of recreational work have you done previously? (please list specifics)

EMPLOYER	TITLE	DUTIES	DATES EMPLOYED
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_____	_____	_____	_____
_____	_____	_____	_____

What experience do you have in working with children? How many years experience total?

What activities are you capable of leading?

What other types of employment have you held (aside from recreation experience)?

EMPLOYER	TITLE	DUTIES	DATES EMPLOYED
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_____	_____	_____	_____
_____	_____	_____	_____

Please list any other information about yourself that you would like us to know:

Please circle any of the following current qualifications you have:

CPR FIRST AID LIFEGUARD WSI OTHER _____

GENERAL INFORMATION

Do you have any relatives already employed by the Town of Arlington?

Yes _____ No _____ Name(s) _____

In the past five years have you been imprisoned, on probation or fined for any violation of any law or ordinance (except parking violations)?

Yes _____ No _____ If yes, please explain _____
(A record of conviction is not an automatic bar to employment)

Are you a United States Citizen?

Yes _____ No _____ If no, type of visa or type of work permit _____

Do you hold a Massachusetts Drivers License?

Yes _____ No _____ If yes, which class? A ☐ B ☐ C ☐ D ☐

REFERENCES: (Please list three adults, other than members of your family)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

STATEMENT:

The following statement *must* be read and *signed* in order for your application to be accepted and considered. I understand that employment with the Town of Arlington depends upon the result of satisfactory replies from my references, past employers and a favorable report on my physical examination, should one be requested; the satisfactory completion of a probationary period and a Civil Service appointment if applicable.

I hereby certify that my application form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation reveals misrepresentation or falsification, my application will be rejected, my name will be removed from any registers or lists, and if already employed, I may be immediately dismissed, and I may be disqualified from applying for any position with the Town of Arlington in the future. I hereby release any person or firm from any and all liability for damages pertaining to information supplied during the investigation of and processing of this application.

Signature of Applicant (do not print)

Date

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FOR OFFICE USE ONLY

Interview Date _____ Time _____ Interviewer _____

Program Area: _____ Position _____ Rate _____

Dates Unavailable _____

Comments: _____